

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/240,524	01/29/99	165	3743	KCC-14-026

APPLICANT

ROBERT JAMES GERNDT, ROSWELL, GA; JOHN JOSEPH SAYOVITZ, MARIETTA, GA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

hwa002

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

hwa002

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

hwa002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/17/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GA	SHEETS DRAWING 3	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
Verified and Acknowledged <u>hwa002</u> Examiner's Initials Initials					

ADDRESS	PAULEY PETERSEN KINNE & FEJER 2800 WEST HIGGINS ROAD SUITE 365 HOFFMAN ESTATES IL 60195
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TITLE	FLUID DISTRIBUTION SYSTEM FOR THERMAL TRANSFER ROLLERS
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FILING FEE RECEIVED  \$980	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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# UNITED STATES PATENT AND TRADEMARK OFFICE

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UNITED STATES PATENT AND TRADEMARK OFFICE  
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Bib Data Sheet

CONFIRMATION NO. 7431

SERIAL NUMBER 09/240,524	FILING DATE 01/29/1999  RULE	CLASS 165	GROUP ART UNIT 3753	ATTORNEY DOCKET NO. KCC-14-026
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## APPLICANTS

ROBERT JAMES GERNDT, ROSWELL, GA;

JOHN JOSEPH SAYOVITZ, MARIETTA, GA;

\*\* CONTINUING DATA \*\*\*\*\* n/a - RVC

\*\* FOREIGN APPLICATIONS \*\*\*\*\* n/a - RVC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/17/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 3	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials			

## ADDRESS

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2800 WEST HIGGINS ROAD  
SUITE 365  
HOFFMAN ESTATES, IL  
60195

## TITLE

FLUID DISTRIBUTION SYSTEM FOR THERMAL TRANSFER ROLLERS

FILING FEE  RECEIVED 1070	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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